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SERIAL NUMBER 09/512,914	FILING DATE 02/25/2000 RULE -	CLASS 514	GROUP ART UNIT 4614 1617	ATTORNEY DOCKET NO. PC 9919ARTR
APPLICANTS Jan Buch, Greenwich, CT ; Robert Andrew Donald Scott, Riverside, CT ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/057,275 08/29/1997 <i>is a continuation of PCT/IB 98/01225 - 8/11/1998</i>				
** FOREIGN APPLICATIONS ***** PCT/IB 98/01225-08/11/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/02/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SAD</i> Examiner's Signature Initials		STATE OR COUNTRY CT	SHEETS DRAWING -	TOTAL CLAIMS 117 12
INDEPENDENT CLAIMS 19				
ADDRESS Pfizer Inc Patent Department Box 519 Eastern Point Road Groton, CT 06340				
TITLE Therapeutic combination				
FILING FEE RECEIVED 3814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6924

SERIAL NUMBER 09/512,914	FILING DATE 02/25/2000 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PC 9919ARTR
APPLICANTS Jan Buch, Greenwich, CT; ** CONTINUING DATA ***** CON THIS APPLICATION IS A 374 OF PCT/IB98/01225 08/11/1998 WHICH CLAIMS BENEFIT OF 60/057,275 08/29/1997 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING	TOTAL CLAIMS 117
INDEPENDENT CLAIMS 19				
ADDRESS Pfizer Inc Patent Department Box 519 Eastern Point Road Groton, CT 06340				
TITLE THERAPEUTIC COMBINATION				
FILING FEE RECEIVED 3814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	